ATTACHMENT A
2011-2012 Cities Readiness Initiative (CRI) Grant

This grant agreement is intended to support the local health department's (LHD's) engagement in Cities Readiness Initiative (CRI) activities and in achieving measures associated with the Local Technical Assistance Review (LTAR) and the Medical Countermeasure Distribution and Dispensing Composite Measure Guide. Cities Readiness Initiative funding supports medical countermeasure distribution and dispensing for all-hazards events.

Grantee understands that the Centers for Disease Control and Prevention (CDC) has developed a Medical Countermeasure Distribution and Dispensing Composite Score to serve as a collective indicator of medical countermeasure distribution and dispensing preparedness and operational capability within local planning jurisdictions. Local and State preparedness will be subsequently defined as a composite measure derived from results of technical assistance reviews, drill submissions, full-scale exercises, and compliance with programmatic standards. CDC's *Medical Countermeasure Distribution and Dispensing Composite Measure Guide*, as updated, is hereby incorporated by reference into this grant agreement. Pursuant to this *Guide,* grantee understands that at least one full-scale exercise that tests and validates medical countermeasure dispensing plans and required capabilities must be conducted within the five-year Public Health Emergency Preparedness (PHEP) project period. Requirements for the exercise, related data elements, performance measures and associated target metrics are determined by the CDC. Grantees must submit the indicated documents and data metrics in the year that the exercise is performed. The State does not recommend that this exercise be completed during the 2011-12 grant year. Local health department grantees are expected to continue coordinating with partners within their Metropolitan Statistical Area (MSA) to meet MSA-based requirements.

Further, grantee understands that the CDC has developed Points of Dispensing Standards. CRI jurisdictions are required to submit documentation of compliance with these POD standards on an annual basis beginning with the 2012-13 grant year. Submission of POD standard data is not a requirement of this performance period, but may be submitted for credit to the Medical Countermeasure Distribution and Dispensing Composite Measure calculation for the 2011-12 grant year. For consideration, the CDC-required documentation must be submitted to the ISDH no later than July 1, 2012.

The primary means through which the LHD will be evaluated on the achievement of CRI activities for the 2011-12 performance period is through the LTAR. Local health department grantees are familiar with LTAR requirements and expectations. Program staff from the Indiana State Department of Health (ISDH) or the CDC will conduct the LTAR. The CDC will evaluate 25% of Indiana's CRI funded LHDs. All 2011-12 LTARs will be completed between April 1, 2012 and June 10, 2012. LTARs conducted by the CDC directly will occur in either April or May 2012. Improvements in LTAR scores are expected.

Additional requirements include the following:

Quarterly Call Down Drill – This drill tests the validity of each jurisdiction's call down lists and their ability to contact those staff in a timely manner. The drill should include both primary, backup staff and partner agencies and should also test redundant communications systems. This drill should be conducted with no notice to the staff on the list in order to provide insight as to how many people on your list may not be available on any given day. This drill does not require the actual assembly of any of the persons being called. While conducting this drill, the appropriate worksheets should be completed providing the following information:

- the amount of time required to call staff;
- the amount of time required to receive acknowledgement of the message;
- the percentage of staff that acknowledged receipt of the message;
- the percentage of staff who reported being able to assemble at a pre-determined time if need be.

This drill will be conducted on a quarterly basis. After each drill, each jurisdiction must complete an After Action Report (AAR)/Improvement Plan (IP) and post them on the State portal. The CDC-required worksheet must be submitted to the ISDH District Training & Exercise Coordinator.

The grant period quarterly submission schedule and due dates are as follows:

Quarter	End of Quarter	Documentation Due Dates
Quarter 1	November 9, 2011	December 9, 2011
Quarter 2	February 9, 2012	March 9, 2012
Quarter 3	May 9, 2012	June 9, 2012
Quarter 4	---	July 1, 2012

Site Call Down Drill – The purpose of this drill is to test the availability of the different primary sites that a jurisdiction plans to use as points of dispensing (PODs) on any given day. **If a jurisdiction only has one primary site, in addition to calling the primary site, a call should be made to at least one alternate site.** If a jurisdiction has multiple primary sites, the LHD is required to contact each of them as part of this drill. This drill should be conducted with no notice to the site/facility. This drill does not require the actual activation of the PODs being called. While conducting this drill, the appropriate CDC-required worksheets should be completed providing the following information:

- the name, and address of each facility;
- the amount of time required to call all sites on the site call down list;
- the amount of time required to receive acknowledgement from sites confirming receipt of the message, regardless of site availability;
- the percentage of the sites that acknowledged receipt of the message, regardless of site availability;

- the percentage of the sites that reported being able to make their sites available within pre-determined target time identified within the Memorandum of Understanding (MOU)

The LHD must complete an AAR/IP and post them on the State portal. Please distinguish on the AAR/IP if the site(s) is a primary or an alternate. The CDC-required worksheet must be submitted to the ISDH District Training & Exercise Coordinator. All documentation must be submitted no later than July 1, 2012.

POD Setup – The purpose of this drill is to collect data and metrics on the ability to quickly set up a facility for use as a POD. The jurisdiction should first select a POD to use for the drill and should start with the facility in the condition they would expect to receive it from the owner and proceed to set it up as a POD. The jurisdiction should test and record the amount of time it takes to set up the POD completely including material, layout, and all supplies necessary to perform a given Strategic National Stockpile (SNS) function. Each POD setup must minimally include the following elements:

- Barriers/cones present for parking and traffic control
- Locations where security will be posted have been identified
- Workers have tested material handling equipment to ensure items can be moved from off a truck to the POD
- Necessary equipment and supplies for managing inventory (e.g. – inventory receiving forms, computers, communication equipment, software, etc.) is available
- POD signage (e.g. – entry, exit, traffic flow, client flow, stations, etc.)
- Forms, clipboards, supplies, etc.
- Space provided for clients to line up
- Communications equipment present and operational
- Ability to make copies, print, fax and call
- Just-in-time training conducted utilizing just-in-time training scripts and job action sheets

The setup of the POD shall be evaluated and an AAR/IP and CDC-required worksheet should be completed within 30 days of the exercise. The AAR/IP should be posted to the State portal. The CDC-required worksheet must be submitted to the ISDH District Training & Exercise Coordinator. Other drills, such as the quarterly site call down drill, may be conducted in conjunction with this drill. All documentation must be submitted no later than July 1, 2012.

If during the 2011-2012 grant period a jurisdiction is required to conduct activities in response to a real world emergency, it may be possible to use those activities to meet certain grant requirements. For example, if a jurisdiction is receiving emergency medical supplies from the State and must conduct a call down of staff in preparation, a LHD may document this and use it as proof of a quarterly call down drill for LTAR and grant purposes. In addition, real world responsibilities and activities may be able to be utilized to meet grant requirements. In order to use such an activity to meet any requirement, the proper documentation and an AAR/IP must be completed.
The final determination as to whether a real world activity fulfills a requirement in this grant lies with ISDH and/or the CDC. All (planned) real world activities must be approved in advance by the ISDH.

Reserve & Withholding

The grantee may have access to 75% of budgeted funds for reimbursement once the grant agreement is fully executed, the State Purchase Order is issued, and the proposed budget is approved by ISDH staff. ISDH is implementing stricter guidelines for use of grant funds to ensure completion of grant objectives. Based on successful completion of first and second quarter activities, the remaining 25% of the grant funds will be unrestricted for use prior to year end.

The following are the specific deliverables which will be evaluated for release of the reserve:

1. AAR Submission for Quarterly Drills - LTAR References as follows:
    - 2.4 Local jurisdiction conducts and documents call-down exercises of all personnel identified in item 2.2 (Primary & Back-up NIMS compliant organizational structure specified personnel) to test response rates quarterly
    - 4.3 Redundant communications systems are in place and are tested quarterly to ensure communications remain available in the event primary communications systems are unavailable
    - 4.5 Communication networks (equipment/hardware) between command and management locations and support agencies are tested and exercised quarterly

Exceptions to the reserve requirement may be considered on a case-by-case basis.

If funds are received by grantee through this grant agreement without all grant requirements being met by the expiration of this grant agreement, or the due dates otherwise noted herein, the ISDH may withhold reimbursement or sanction the grantee pursuant to the “Payment of Grant Funds by the State” clause in this grant agreement. Failure to complete grant activities in the current budget cycle may also result in withholding percentages identified within the federal cooperative agreement for future year awards. This requirement is also defined within the Pandemic and All Hazards Preparedness Act (PAHPA) and the federal grant guidance. Successive years of non-completion shall result in additional penalties.

Budget

Funds from this grant are dedicated funds which must be used for Cities Readiness Initiative related activities and purposes. Federal grant funds have been awarded for 2011-2012 based on Metropolitan Statistical Area (MSA) allocations as defined by CDC. Each grantee is eligible to receive a total allocation which includes an $8,000 principle amount plus a population based allocation.

Grantee must submit a budget detailing the proposed use of grant funds no later than December 31, 2011. ISDH will provide the budget proposal template. If it is determined that the proposed budget is not acceptable, ISDH personnel will contact the grantee to alter or further develop the proposal as necessary. This approved budget may be revised, if necessary, on a monthly basis with written approval by ISDH. Although not required on the initial budget submission, grantee will be required to provide itemization and justification for Supply purchases (excluding general office supplies), Equipment purchases, and Contract services **prior** to procurement. The intent of this requirement is to mitigate and limit risks incurred by the grantee for procuring goods and services that are unallowable under the federal grant. A standard template for itemization and justification will be provided, or itemization in the form of vendor quotes may be submitted via email as long as they include budget category, quantity, item description, unit cost, extended cost, and justification for use. General office supply purchases must be itemized at the time of claim submission. All budget revisions necessary for PURCHASE requests shall be submitted to ISDH program directors on or before July 1, 2012 for review and approval. Any revision requests received after that date, but prior to grant year end, may be evaluated on a case by case basis.

This is a cost reimbursement agreement. All claims for reimbursement shall be submitted electronically through the ISDH Agency Contract Invoicing System (ACIS) claims management system within the Indiana Health Data Center Portal. Reimbursement requests shall be submitted monthly in arrears. All funds unexpended by the grantee at year end will revert and are unavailable for carryover.

The grantee must maintain copies of all source documentation for reimbursements claimed based on Federal and State retention schedules. A copy of this documentation does not have to be submitted to the State in conjunction with the claim, but may be requested at any time pursuant to the Access to Records clause in this grant agreement.

**** All services and activities must be completed by August 9, 2012. All items must be ordered by August 9, but receipt of the items and payment for them may occur during the 60 day grant close-out period. Final billing through ACIS is due on or before 10/08/12.****

Supplementary Information

Time & Activity Cost Allocations: Please note that OMB Circular A-87, Appendix B Part 225, section 8 provides specific requirements for compensation reimbursement of personnel services. Please specifically note the requirements established under 8H4 for documentation of salary and fringe cost distributions when a position is funded by more than one source.

Allowable & Unallowable Costs: Proposed use of funds may include personnel, consulting, in-state and/or out-of-state travel, supply, equipment, contractual, and other operating costs. However, under the CDC Public Health Preparedness cooperative agreement, the following cost types are not allowable for reimbursement. Please note that this list is not meant to be all-inclusive, but to identify quick responses to those most frequently requested. A quick reference table specifying some allowable and unallowable types of cost can also be referenced in "Exhibit 4" of the Health & Human Services (HHS) Grants Policy Statement (pages: II-31 through II-44).

- Continuation of recurring costs started using H1N1 federal grant funds are not reimbursable using Preparedness grant funds in this or future budget cycles unless an official ruling is issued by CDC permitting such expenditure.
- Funds may not be used to supplant other federal, state or local expenditures.
- Funds may not be used to purchase vehicles, four-wheelers, golf carts, or any other type of transportation device.
- Funds may not be used for construction. Funds may be used on a limited basis for alteration & renovation with **PRIOR** approval from the State and/or Federal Government.
- Funds may not be used for advertising costs except as required for staff recruitment or as required for competitive procurement of goods and services.
- **Out-of State Travel:** Funds may not be used to pay for general out-of-state conference travel. A 90 day advance prior authorization must be attained for all program specific Out-of-State travel conference or training considerations. Approval for attendance is not limited to an ISDH approval, but approval by the Indiana Department of Administration (IDOA) travel management office.
- **In-State Travel:** All travel costs will be reimbursed in accordance with the Indiana Department of Administration's travel policies unless the grantee's travel rules are more stringent or reimbursement rates are lower. In general:
    - State mileage reimbursement rates are capped at RAND MCNALLY (http://www.randmcnally.com) Shortest Distance mileage at a rate of $0.44 per mile.
    - Per Diem or actual food reimbursement lower than or equal to State per diem, is only reimbursable for same day travel resulting in a combined work and travel time of greater than 12 hours or travel requiring an overnight stay.
    - IDOA Travel policies may change from time to time as a result of economic changes. Therefore, the LHD should review the IDOA Travel Management office's website or contact the ISDH for changes to rates and policies. The IDOA's travel management website is http://www.in.gov/idoa/2459.htm.

    - ISDH Prior Approval is required for attendance at any In-State Conference or Meeting that requires payment of a registration fee.
- Funds may not be used to purchase haz-mat, fire, or EMS supplies, services, or equipment.
- Federal grant funds should not be used as an investment platform as earned funds would have to be returned to the federal government based on specifications outlined in 45 CFR 92.
- Funds may not be encumbered for use in the next fiscal year.
- Funds may not be used for entertainment purposes.
- Funds may not be used to purchase food, drinks, or supplies (cups, plates, napkins, silverware, etc.) for the provision of food and refreshments, except as part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- Funds may not be used to purchase incentives.
- Funds may not be held or set aside as contingency funds.
- Funds may not be used to purchase anti-viral drugs, vaccine, vaccine administration ancillary supplies, or other medications and medical supplies for use on the general population.

Publications: Publications, journal articles, etc. produced under a CDC grant supported project must bear an acknowledgement and disclaimer as appropriate, such as: “This publication (journal article, brochure, etc.) was supported using resources provided under federal grant award number (insert award number from federal funding information identified in grant agreement) from the Centers for Disease Control & Prevention, Office of Public Health Preparedness & Response (OPHPR) through the Indiana State Department of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the State or federal government.”